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| Infant Safe Sleep |  |

**Intent Statement**

Babies who sleep on their backs are less likely to die of Sudden Infant Death Syndrome (SIDS). We follow the recommendations of the American Academy of Pediatrics (AAP) safe sleep policy. The leading cause of death for infants between 1 month and 12 months is SIDS. This policy is intended to reduce the risk of SIDS, infant suffocation deaths, and other infant deaths in our child care setting.

**Procedure and Practice**

* Infants (age 0-12 months) will be placed flat on their backs on a firm sleep surface to

sleep every time unless the child has a signed wavier up-to-date on file from a

**physician** specifying otherwise; the wavier must be in the infant’s file and should

identify the medical condition that prevents the infant from being placed on his/her back.

* Infants will not be placed on their side to sleep.
* Infants will sleep alone.
* Devices such as wedges or infant positioners will not be used.
* Infants who use pacifiers will be offered their pacifier when they are placed to sleep and pacifier will not be put back in the child’s mouth once they fall asleep.
* While infants will always be placed on their backs to sleep, once they can easily turn

over from back to front and front to back, they will be allowed remain in whatever position they prefer to sleep.

* The crib will be made of wood, metal or plastic and meet current recommended US

Consumer Product Safety Commission (USCPSC), American Society for Testing and Materials (ATSM) and American Academy of Pediatrics safety standards. The crib will be frequently inspected by staff before each use. Each crib will be identified by brand, type,

and/or product number and relevant product information should be kept on file (with   
the same identification number information) as long as the crib is used or stored in the

facility.

* Cribs will be placed away from window blinds or draperies and nothing will be hung on the crib.
* As soon as the child can stand up, the mattress will be adjusted to its lowest position. Once a child can climb out of a crib, the child will be moved to a cot or mat for sleep.
* Infants will not be allowed to sleep in car seats or other equipment, e.g., swings, bouncy seats. If the infant falls asleep in anything other than their crib, the infant will be placed in a crib to sleep.
* The mattress will fit snugly in the crib and a tight-fitting sheet around the mattress will be used.
* Cribs will be free from all loose bedding, blankets, quilts, soft pillows, toys, infant

monitors, cords, and bumper pads. There will be nothing in the crib but the baby and pacifier.

* Infants will not be swaddled; swaddling can increase the risk of SIDS and also can increase the risk of hip dysplasia.
* A minimum of three feet will be maintained between cribs.
* Infants will be dressed to avoid getting overheated. Bibs, necklaces, and garments with ties or hoods will not be permitted for sleep.
* Cribs will be used for sleep purposes only and no child of any age will be placed in a crib for time- out or disciplinary reasons.
* Infants will be observed by sight and sound at all times, including when they are going to sleep, sleeping, or in the process of waking up.
* Infant will not sleep with a bottle.
* Infants will receive all recommended immunizations.
* The opportunity for “tummy time” will be provided for infants **when they are out of the crib, awake and being closely supervised.**

*922 KAR 2:120 Licensing and Regulations states: staff in a child-care center shall follow the most current policy of the American Academy of Pediatrics, located at* [*http://www.aap.org*](http://www.aap.org)*, when placing a child to sleep.*

**Applicable**

This policy applies to all staff, substitute staff, parents, and volunteers when they place an infant to sleep.

**Communication**

Parents will review this policy upon application and a copy will be provided in the parent handbook. Parents are asked to follow this same practice when the infant is at home as the risk of SIDS decreases when consistent “Back to Sleep” positioning is practiced. A copy will also be provided in the staff handbook.

Materials from Kentucky Safe Sleep will be made available to parents upon request. These materials include printable guides:

* [Babysitter’s Guide](http://www.safesleepky.com/wp-content/uploads/2015/10/Babysitters_Guide_to_Safe_Sleep.pdf)
* [Grandparent’s Guide](http://www.safesleepky.com/wp-content/uploads/2019/12/Grandparents-final-2.pdf)
* [Child Care Providers Guide](http://www.safesleepky.com/wp-content/uploads/2019/12/ChildCareProvidersGuide-final.pdf)
* [For Community Non-Profits & Service Agencies](http://safesleepky.com/wp-content/uploads/2016/04/Community-Agencies.pdf)
* [Gifts for New and Expecting Parents](http://www.safesleepky.com/wp-content/uploads/2016/04/GiftsForNewParents.pdf)
* [Faith-based Service Providers](http://safesleepky.com/wp-content/uploads/2016/04/FaithBased.pdf)
* [What First Responders Can Do to Prevent Infant Deaths](http://www.safesleepky.com/wp-content/uploads/2016/04/First-Responders.pdf)

**References**

Kentucky Division of Regulated Child Care <http://chfs.ky.gov/dcbs/dcc>

American Academy of Pediatrics, American Public Health Association, U.S. Department of Health and Human Services. (2019). *Caring for our children: National health and safety performance standards; Guidelines for out-of-home child care programs*,   
4rd ed. Elk Grove Village, IL: American Academy of Pediatrics. Retrieved 2022 from: <http://cfoc.nrckids.org/>

US Consumer Product Safety Commission <http://www.cpsc.gov/info/cribs/regulations.html>

American Academy of Pediatrics, PA Chapter, (2002) Model Child Care Health Policies, 4th Ed.

Retrieved 2022 from: <http://www.ecels-healthychildcarepa.org>

Kentucky Child Care Health Consultation Program. (n.d). CCHC. Retrieved 2022 from:

<http://www.kentuckycchc.org>

Safe Sleep Kentucky <http://www.safesleepky.com/>

**Reviewed by:**

Director/Owner

Board Member

CCHC/Health Professional

Staff Member/Infant Room Teacher

Parent/Guardian

**Effective Date/Review date**

This policy is effective immediately. It will be reviewed yearly by the center director.